



## RECREATION DEPARTMENT

*The Heart of the Neighborhood*

[www.chulavistaca.gov/rec](http://www.chulavistaca.gov/rec)  
(619) 585-5739 East League (619) 691-5083 West League



### YOUTH COED



# INDOOR SOCCER

## LEAGUE 2013

### GENERAL INFORMATION:

This is a recreation level league welcoming all skill levels, from the beginner who has never kicked a soccer ball, to the intermediate and advanced players. This is a coed league and we generally have had nearly an equal amount of girls and boys sign-up for all divisions. Games will be on Saturdays and will be hosted at the Salt Creek Park for the east league and Otay Recreation Center or Parkway Gymnasium for the west league. Requests for children to be placed on the same team for carpool reasons and requests for specific coaches and practice days cannot be honored. Incomplete registrations (no birth certificate, no payment, no authorized signature, etc.) will NOT be processed until the individual clarifies the incomplete information. Individuals who do not clarify the information within ten business days will be dropped from the team.

### FEES:

\$75 Resident / \$94 Non-Resident

Additional Child Fee is \$60 for Residents\*

Additional Child Fee is \$75 for Non-Residents\*

*\*Additional child reduced fee is not available for online registration.*

### AGE GROUPS:

D - Division Years Born 2005-2006

C - Division Years Born 2003-2004

B - Division Years Born 2001-2002

A - Division Years Born 1999-2000

### REGISTRATION INFORMATION:

**Feb 11 - Mar 8 (on a space available basis)**

Space is limited, so register as soon as possible. Once the league is filled, a waiting list may or may not be established to fill vacant spots on established teams. Make checks payable to "City of Chula Vista."

#### Walk-In Registration:

Walk-in registration accepted at all Chula Vista recreational facilities, but primarily at:  
-Parkway Community Center, 373 Park Way  
-Salt Creek Rec Center, 2710 Otay Lakes Rd

#### Mail-In Registration:

Mail-in registration will only be accepted with postmark between Feb 11 and Feb 18.  
Mail registration form with payment to:

Salt Creek Community Center  
ATTN: Wendi Lee Garrison  
2710 Otay Lakes Rd  
Chula Vista, CA 91915

#### Online Registration:\*\*

[www.chulavistaca.gov/rec](http://www.chulavistaca.gov/rec)

*\*\*Please note, a nominal, non-refundable "convenience fee" is charged for online registration.*





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# INDOOR SOCCER

## LEAGUE REGISTRATION FORM



### PLAYER EVALUATIONS:

All players **MUST** attend the mandatory player evaluations. If players are unable to attend the prescribed times for the player evaluations, they will need to contact the league administrator, Wendi Garrison <wgarrison@chulavistaca.gov>, and make an appointment well in advance to be evaluated prior to February 28. No player evaluations will be conducted after the March 2 for the East League and after March 9 for the West League prescribed times.

#### MANDATORY PLAYER EVALUATIONS ARE HELD ON:

LEAGUE	East Chula Vista	West Chula Vista
DATE	March 2, 2013	March 9, 2013
LOCATION	Salt Creek Park	Parkway Gymnasium
ADDRESS	2710 Otay Lakes Rd	385 Park Way
D DIV TIME	8:00 AM	8:00 AM
C DIV TIME	1:00 PM	1:00 PM
B DIV TIME	2:15 PM	2:15 PM
A DIV TIME	3:30 PM	3:30 PM

### PRACTICE DAYS & TIMES:

Practices will begin the week of March 11 and will be held one to two times per week, generally Monday-Friday, 4:00-8:00 PM, indoors and/or outdoors for one hour. Practice schedule depends on the availability of the coaches.

### REGISTRATION CODES:

#### EAST LEAGUE:

#8145.231 - D Div (Years Born '05-'06)  
 #8143.231 - C Div (Years Born '03-'04)  
 #8140.231 - B Div (Years Born '01-'02)  
 #8340.231 - A Div (Years Born '99-'00)

#### WEST LEAGUE:

#8145.261 - D Div (Years Born '05-'06)  
 #8143.261 - C Div (Years Born '03-'04)  
 #8140.261 - B Div (Years Born '01-'02)  
 #8340.261 - A Div (Years Born '99-'00)

### IMPORTANT DATES:

Feb 11 ~ Registration begins (limited space)  
 Mar 2 ~ East player evaluations  
 Mar 9 ~ West player evaluations  
 Mar 11 ~ Practices begin  
 Mar 23 ~ First game  
 Mar 30 ~ No games  
 May 25 ~ No games  
 June 1 ~ Playoffs\*\*\*  
 June 8 ~ Championship games

\*\*\*With the exception of the D Div., all teams qualify for the playoffs. D Div.'s last game will be on June 1.

### NO REFUNDS; NO EXCEPTIONS!

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the district as a community service. Any questions should be directed to Wendi Garrison, Recreation Supervisor III at (619) 585-5739 or best by email at wgarrison@chulavistaca.gov

PLEASE <b>CIRCLE</b>	EAST or WEST	D Div	C Div	B Div	A Div
PARTICIPANT NAME		School		Male / Female	
Parent's Name		Home Phone:		Work Phone:	
ADDRESS		CITY		STATE	ZIP
Emergency Contact Name:		Emergency Contact Phone:			
Child's Date of Birth:     /     /		Child's Height:		Child's Weight:	Fee Enclosed \$
Email Address:					
Parent/Guardian: Are you interested in coaching a team?   YES   NO     Your Name:					

I \_\_\_\_\_ (REGISTRANT), and I \_\_\_\_\_\* (parent/guardian),

hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activity. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the City. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's Parent or Guardian's Signature:



Persons with special needs are encouraged to participate in all programs. For assistance, please contact Carmel Wilson at 409-5800 two weeks in advance of the program.

Date \_\_\_\_\_

\*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.